

BENEFITS NEWS

An Information Publication for State of California Employees

Open Enrollment is September 15 - October 10

The 2008 open enrollment period for dental plans, FlexElect reimbursement accounts, and cash options is September 15 through October 10, 2008. Changes and enrollments made during this period take effect January 1, 2009.

Do I have to do anything for open enrollment?

Dental Plans

You don't need to do anything unless you want to change plans, cancel coverage, or add/cancel dependents on your plan. If you're not currently enrolled in a dental plan and are eligible to do so, you may enroll during open enrollment.

Reimbursement Accounts

You may sign up for a FlexElect reimbursement account for medical and/or dependent care expenses. If you currently have an account and want to continue it for 2009, you must re-enroll during open enrollment.

Cash Options

If you are an eligible employee not currently receiving cash in lieu of health and/or dental coverage, you may enroll during this time. If you already receive a cash option and want it to continue, you don't need to do anything unless you want to cancel or change it. (**Exception:** If you're a Permanent Intermittent employee, you must re-enroll during open enrollment if you want to remain in the program next year.)

Dental Plans

There are three types of dental plans to choose from:

- indemnity
- preferred provider option
- prepaid



Delta Premier is the State's indemnity dental plan. It features full access to specialty care and guaranteed benefits. You can see any dentist worldwide, but your benefits are maximized when you receive services from a Delta dentist.

Delta Preferred Provider Option (PPO) is the State's preferred provider plan. It offers services through its network of participating dentists, but you can see any dentist of your choice worldwide if you're willing to pay a higher fee. The PPO has lower copays and higher benefits for many services than the indemnity plan. Your current dentist may be in the PPO network.

For details on the Delta plans, call 1-800-225-3368 or visit www.deltadentalca.org/state.

DeltaCare USA and **SafeGuard** are the State's two prepaid plans. If you're covered by a prepaid plan, you must use dentists from that plan's network, located only in California. The monthly premium for a prepaid plan is paid entirely by the State, and most basic services are covered at no cost to you.

For details call the dental plans or visit their website:

- **DeltaCare USA:** 1-800-422-4234
www.deltadentalca.org
- **SafeGuard:** 1-800-880-1800
www.safeguard.net

Dental Plan Premiums

There will be no increase in the employee share of the premium for the Delta Premier plan and for the Delta Preferred Provider Option (PPO) dental plan effective January 1, 2009 (see the following charts). The State will continue to pay 100 percent of the premium for DeltaCare USA and SafeGuard.

2009 Monthly Dental Premiums

Delta Premier – Basic (for rank-and-file employees)			
	Employee Share	State Share	Total Premium*
1-party	\$12.02	\$36.05	\$48.07
2-party	\$21.28	\$63.84	\$85.12
Family	\$30.94	\$92.81	\$123.75
Delta Premier – Enhanced (for excluded employees)			
	Total Premium*		
1-party	\$50.06		
2-party	\$100.08		
Family	\$141.22		
Delta Preferred Option (for rank-and-file and excluded employees)			
	Employee Share	State Share	Total Premium*
1-party	\$10.22	\$30.65	\$40.87
2-party	\$20.16	\$60.49	\$80.65
Family	\$30.50	\$91.48	\$121.98

* For employees in Consolidated Benefits (CoBen), "State share" and "employee share" do not apply. The total premium amount is deducted from the CoBen allowance.

Reimbursement Accounts

FlexElect reimbursement accounts are a great way to save money for medical and/or dependent care expenses and lower your taxes.

How does it work? You decide an amount of money to be deducted from your paycheck to go into a reimbursement account. This money is not taxable. You reimburse yourself from this account for bills you would otherwise have to pay using taxable income. (See Aug. 2008 issue of *Benefits News* for more on reimbursement accounts.)

Medical Account

This account covers certain out-of-pocket health related expenses for you and your dependents. The minimum monthly deduction is \$10. The maximum is \$5,000/year (per household). Examples of eligible expenses are office visits and prescription copays, approved orthodontic work, hearing aids, laser eye surgery, and more (but not out-of-pocket premiums).

Dependent Care Account

This account covers certain expenses for child and elder care. The minimum monthly deduction is \$20. The maximum is \$5,000/year (per household).

Read more information about reimbursement accounts in the FlexElect handbook, available at DPA's Web site (www.dpa.ca.gov) under Publications. Enrollment forms are available at the back of the handbook, from your personnel office, and on our Web site.

Cash Option

If you have health and/or dental coverage through another source such as your spouse, domestic partner, or former employer, you may

choose to receive taxable cash in your paycheck in lieu of your State health and/or dental benefit.

This “cash option” is available to you depending on your classification: excluded employees enroll for the cash option through CoBen, as do rank-and-file employees in Bargaining Units 2, 7, 8, 16, 17, 18, and 19.

Rank-and-file employees in bargaining units not in CoBen enroll in the cash option through FlexElect.

Cash option enrollment forms are available from your personnel office and from the appropriate handbook (FlexElect or CoBen). These handbooks and forms are available on DPA’s Web site.

Consolidated Benefits (CoBen)

Under the CoBen program, eligible employees receive a monthly allowance to pay for health, dental, and vision benefits. All excluded employees and employees represented by Bargaining Units 2, 7, 8, 16, 17, 18, and 19 are in CoBen.

The amount of your CoBen allowance is based on whether you choose coverage for yourself only, or also for a spouse, or dependents. If the combined monthly cost of health, dental, and vision benefits is less than your CoBen allowance, you receive the excess amount in your paycheck as taxable income. If the combined cost of these benefits exceeds your allowance, you pay the difference, which shows up as a pre-tax deduction on your paycheck. (Vision coverage is mandatory and is covered in the CoBen allowance.)

For more information on the 2009 allowance amounts please check with your Personnel Office, DPA’s Web site, or your specific bargaining unit Web site.

To help you calculate your benefit cost (or excess cash) under CoBen, DPA has provided an online calculator on our Web site. Go to www.dpa.ca.gov click on Benefits, then click on more and scroll down until you see Consolidated Benefits. Click on the CoBen Calculator link.

There’s also a worksheet in the CoBen handbook that you can use in lieu of the online calculator. The handbook can be downloaded from DPA’s Web site at www.dpa.ca.gov under Publications.

For More Information

DPA Benefits Division
(916) 322-0300

Dental Program
(916) 324-0866

Drug Testing Program
(916) 324-9386

**Employee Assistance Program
MHN (Managed Health Network)**
1-866-327-4762

FlexElect Program
(916) 327-6429

**Group Legal Services Plan
ARAG®**
1-866-762-0972

Group Term Life Insurance Plan
(916) 324-0533

Health Promotion Program
(916) 324-9398

**Long-Term Disability Insurance
Plan**
(916) 324-0533

Merit Award Program
(916) 324-0522

Pre-Tax Parking
(916) 324-0526

Rural Health Care Program
(916) 327-1439

Savings Plus Program
1-866-566-4777
www.sppforu.com

SDI/FMLA
(916) 324-9381

State-Owned Housing Program
(916) 327-1438

**Travel & Relocation and
Vanpool Programs**
(916) 324-0526

Vision Service Plan
1-800-877-7195

**Workers’ Compensation
Program**
(916) 445-9760

DPA Fax Numbers

Benefits Division
(916) 322-3769

Savings Plus Program
(916) 327-1885

www.dpa.ca.gov